

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>7/26/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>15045</i>	<i>7/13/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>1040</i>	<i>5/31/02</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	7/10/02
2	11/16/02
3	2/19/03
4	10/15/02
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12	
13	
14	
15	N
16	✓
17	✓
18	✓
19	✓
20	N
21	N
22	N
23	N
24	N
25	N
26	✓
27	✓
28	✓
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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850  
05/31/02